

SUMMIT COUNTY COLORADO

Community Health Improvement Plan

2013

2020 VISION

By 2020, Summit County will be a community that offers a complete continuum of high quality mental and physical health services to all of its residents. Services will be both affordable and culturally appropriate. Furthermore, community members and guests will know what services are available and how to access those services. Additionally, Summit County residents will maintain healthy lifestyles through participation in a variety of nutrition, recreation, health promotion, and wellness programs.





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Acknowledgements

The 2012 Summit County Community Health Improvement Plan is a collaborative effort of the many organizations and providers in the community with a commitment to improve the health of our residents. Summit County Public Health staff expresses profound gratitude for those in our community who devoted their time and expertise to this process. Listed below are the individuals who worked on the Health Assessment and/or Improvement Plan either as a member of the Steering Committee and/or as a member of one or more of the subcommittees which developed the components of the plan.

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Much of the data upon which this plan is based comes from the 2012 Summit County Community Health Assessment prepared by Corona Insights.

This Health Improvement Plan would not have been possible without the fiscal partners involved in the 2012 Community Health Assessment including: the Colorado Department of Public Health and Environment (CDPHE), the Summit Foundation, St Anthony Summit Medical Center, Summit Community Care Clinic, The Summit County Family and Intercultural Resource Center, and Summit County Government.

Much appreciation goes to the Office of Planning and Partnerships at CDPHE and Jordana Sabella for ongoing support and technical assistance throughout the CHAPS process.

A sincere thank you goes to Matthew Madsen, MPH intern from the University of Colorado School of Public Health who provided planning experience, facilitation, graph development, and editing.

A special thanks to Deb Crook, former Summit County Public Health Director and assessment program manager, whose years of commitment and devotion to making Summit County the healthiest it can be was resolute. Her vision for Summit County will be carried on for years to come.

Executive Summary



On behalf of Summit County Public Health (SCPH), welcome to our Community Health Improvement Plan (CHIP). This health plan is being presented so that Summit County residents can work together as partners to make our community a healthier place to live. A Community Health Assessment (CHA) and a CHIP are customary practices of public health and also a national standard for all public health departments. Since the passage of the Colorado Public Health Act in 2008, local public health agencies are required to engage in a community health improvement process, beginning with a CHA, every five years. Our 2012 assessment and planning process was modeled after the Colorado Health Assessment and Planning System (CHAPS). Over the course of this assessment and planning cycle we had participation from over 40 individuals and/or agencies representing a broad range of perspectives within our community. This extensive community participation via community meetings, focus groups, and other mechanisms was vital to ensure that the process resulted in a community-driven and owned CHIP.

This CHIP is the result of our health assessment. If you have not already, please review the information and data collected in our 2012 CHA document and Executive Summary on the SCPH website at <http://www.co.summit.co.us>. Not only does the assessment present objective data on the health status of Summit County citizens, it also offers valuable insights and opinions on how residents view the quality of life here.

After reviewing the issues and recommendations contained in the assessment, the steering committee identified four health priorities for plan development. Though this is a five year strategic plan, it is a continuation of our vision for a healthier Summit County by 2020. SCPH staff extends our gratitude to the many community partners who have spent numerous hours for more than a year participating in the assessment and plan development process. Their involvement and knowledge of our community has been instrumental in identifying the health issues for our community. The selected priorities are:

- Access to Health Care
- Behavioral Health and Substance Abuse
- Physical Activity and Nutrition
- Injury Prevention

The key for successful implementation of this plan is collaboration among all segments of the Summit County community: government, community agencies, providers, individuals, and funders. SCPH staff thanks you for taking the time to read this plan and to learn about how you can help to assure a healthy community for all Summit County residents and visitors.

Respectfully Submitted,

Amy Wineland, RN, MSN, ND
Director
Summit County Department of Public Health

Method and Process



Introduction

The Colorado Health Assessment and Planning System (CHAPS) is the tool that was used to guide the Summit County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). (Figure 1)(1) This tool helps communities improve health and quality of life through community-wide strategic planning. Using the CHAPS process, communities work together to improve health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action. The CHAPS model was developed by the Colorado Department of Public Health and Environment (CDPHE) Office of Planning and Partnerships (OPP) as a response to the Colorado Public Health Act of 2008 and provides a standard mechanism for guiding local public health agencies in community health assessment and improvement planning. The Act requires local public health agencies to conduct a CHA and produce a CHIP every five years. Additionally, there are new federal requirements that all nonprofit hospitals must conduct community health needs assessments every three years. This provides an opportunity for hospitals and local public health agencies to join forces to identify needs and form strategies for meeting them. Working together can result in greater collaboration between hospitals and local public health departments and an initiation of new partnerships. Above all, the community benefits when data, resources, and expertise are shared to attain the common goal of a healthier community.

The CHIP provides an opportunity to create an innovative local model of community-centered health improvement that builds on our strong history of community partnerships to identify priority health needs and improve population health. Furthermore, current national trends require stronger community partnerships, more coordinated health systems, an emphasis on prevention, and an expectation of better health outcomes for *all* populations.

Community Health Assessment Highlights

To initiate the CHAPS process, an eighteen member Steering Committee was formed under the leadership of Deb Crook as Project Manager in January 2012. These members were recruited because of their interest and commitment to improving the health and safety of our community. 2012 happened to be the first year that St Anthony Summit Medical Center was required to conduct a community needs assessment as well. This provided an opportunity to collaborate on assessment efforts.

Over several months the steering committee met with Corona Insights, who conducted and produced the 2012 Summit County CHA, as well as a consultant from OPP, who provided guidance in the CHAPS process. The full assessment was based on four components including a

review of existing research and data already available, public surveys, public focus groups, and online key informant surveys. The public surveys and focus groups were conducted in English and Spanish; and all of the surveys incorporated Colorado's Ten Winnable Battles identified by CDPHE to align with state-wide health priorities and health improvement efforts. (Figure 2) Individual potential priority areas identified in the assessment were grouped into four themes when the assessment was completed in November 2012. These included:

Embrace personal responsibility for health

- Obesity
- Nutrition and Healthy Lifestyle
- Injury Prevention
- Tobacco

Increase information and understanding of how to obtain care

- Health Navigation
- Mental Health and Substance Abuse
- Prevention

Increase overall access to care (insurance and coverage)

- Low-cost Care
- Barriers for the Underserved

Increase/expand care services

- Specialty Care
- Services for Children
- Senior Needs

During all phases of the health assessment, several underlying influences surfaced that have a significant impact on the health of the community. The steering committee viewed these as important factors when designing strategies for addressing the selected priorities during the planning phase. These influences were the high cost of health care including coverage, community awareness of available health services, and the disparities of health issues among the diverse populations in the county, specifically children, seniors and the Hispanic population.

The full 2012 CHA and Executive Summary can be viewed on the Summit County Public Health website: <http://www.co.summit.co.us>.

Prioritization

During the prioritization phase, the Steering Committee took the identified priority themes from the CHA and began to select priority health issues. Each of the potential health issues were scored on the following criteria: the impact, percentage of population affected, whether disparity exists as it relates to this area, resource availability, established partnerships, momentum, short term versus long term priority, urgency of the issue, leadership in the community, and public support. These criteria assisted the Steering Committee in ranking the health issues for the 2013 Health Strategic Planning Process. (Figure 3)(2) Another contributing

factor that influenced the selection was the fact that the hospital identified Access to Health Care and Injury Prevention as their priorities for the next three years following their assessment. By also selecting these issues for our community-wide plan, the steering committee felt we can make a greater impact on addressing these areas of need. The four priorities that were selected for our 2013 CHIP are as follows:

- Access to Health Care
- Behavioral Health and Substance Abuse
- Physical Activity and Nutrition
- Injury Prevention

Upon completion of the prioritization phase, the steering committee presented the key findings from the CHA and the four selected priority health issues to the community in January 2013. At this meeting, representatives from businesses, organizations, government offices and individual residents were asked about their impressions of the assessment material as well as current Healthy 2020 goals. Over 30 individuals and/or agencies participated in the community meeting. Subcommittees were developed coinciding with the four identified priorities. These groups were led by respective priority topic champions within our community. Over the next several months, these subcommittees developed and revised 2020 goals, strategies and action steps for the CHIP. SCPH staff attended these meetings to help facilitate and answer planning specific questions.

2020 Vision Statement

In 2012 based on guidance from the Summit County CHA, the steering committee and community planning participants decided to continue working towards the 2020 Vision that was developed in the 2008 CHIP and to ensure that all strategies will have a 2020 goal statement. The 2020 Vision statement reads:

By 2020, Summit County will be a community that offers a complete continuum of high quality mental and physical health services to all of its residents. Services will be both affordable and culturally appropriate. Furthermore, community members and guests will know what services are available and how to access those services. Additionally, Summit County residents will maintain healthy lifestyles through participation in a variety of nutrition, recreation, health promotion, and wellness programs.

Figure 1

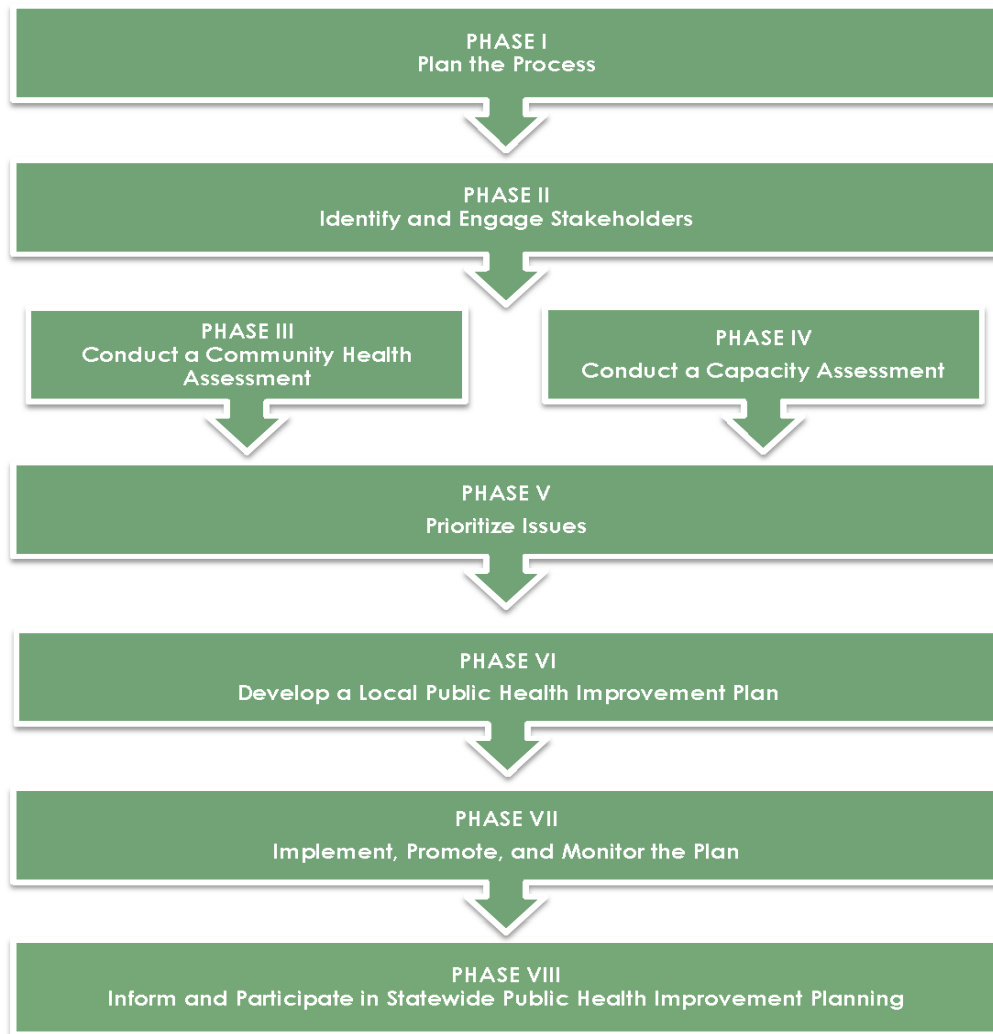


Figure 2



Figure 3

Each area was scored on a scale of 1 to 5, where 1=low and 5=high.	10. Will the public support this?										Selected Score	
	1. Impact	2. Pct of Pop	2a. Disparity?	3. Low Resources Req	4. Synergies	5. Momentum	6. ST vs LT	7. Urgency	8. Leadership	9. Champion	Overall Score	
Implement strategies to combat obesity	5	5	5	4	5	3	5	5	5	5	52	27
Increase efforts to prevent injuries	5	5	5	4	4	4	5	3	5	5	48	24
Expand the county's mental health and substance abuse treatment capacity	5	5	5	3	3	4	5	3	5	5	46	23
Expand awareness of preventive care as part of the health care system	5	5	5	4	5	3	5	3	5	3	46	23
Expand access for children	3	4	5	3	5	4	5	3	3	5	45	22
Expand low-cost health care options	2	4	5	1	5	4	5	5	3	5	44	21
Reduce the number of tobacco users among youth	5	1	5	4	3	2	5	3	5	3	39	18
Promote healthy lifestyles in the Spanish-speaking population	5	2	5	3	5	2	5	3	5	5	41	16
Increase understanding of health system navigation among niche populations	3	3	5	2	5	3	5	4	5	5	41	16
Prepare for senior needs	3	2	5	3	3	1	5	3	3	3	34	15
Pursue specialty care capacity	1	3	5	1	3	3	5	4	3	3	34	15

Community Profile



Overview

Summit County is located among the high peaks of the Colorado Rockies, just over an hour's drive west of Denver. (Figure 4) The county includes six municipalities: Montezuma, Dillon, Silverthorne, Frisco, Breckenridge and Blue River; as well as four major ski resorts including Copper Mountain, Breckenridge, Keystone and Arapahoe Basin. According to the 2010 Census, the county has a total area of 619.25 square miles. Perhaps the county's most majestic characteristic is its towering altitude, from a low of 7,947 feet above sea level at Green Mountain Reservoir to a sky-scraping 14,265 feet at Quandary's Peak. (3)

Demographics

According to the 2012 Census Bureau, Summit County's population is roughly 28,000. This is 18.9% population growth since 2000. (3) Approximately 15,400 are male and 12,600 are female residents. (Figure 5) The majority of the population, 75%, is between the ages of 18-64, 17% under 18, and 8% 65 and over. (Figure 6) It is important to note that the number of residents over the age of 65 grew 100% between 2000 and 2010. (4) "Looking forward to the year 2030, the State Demographer projects that the County's permanent resident population will grow by 72% (20,193 residents) between 2010 and 2030, with an average annual growth rate of approximately 3.6% per year." (3) As the year-round abundance of available outdoor activities and proximity to Denver make Summit County a popular mountain resort destination, during peak times of the year, the total population can reach 160,000. (3)

The racial and ethnic makeup of the county is 82.7% White, 14.2% Hispanic or Latino of any race, 0.7% Black, 1.0% Asian and 1.4% from other races. (4) (Figure 8) The Hispanic population has increased 5% between 2000 and 2010. (Figure 9)

The median income for a household in the county is \$60,087 compared to \$54,411 state wide. (4) (Figure 10) The Employment rate is 82%. (4) (Figure 11) 10% of the population lives in poverty, which is \$23,050 a year for a family of four. (4) A more realistic estimate of the cost of living in Summit County is from the Self-Sufficiency Standard for Colorado which states that it costs nearly three and a half times the Federal Poverty Level to meet basic needs for a two parent family with an infant and a preschooler. (6) Between the years of 2007 and 2011 the number of children below age 18 in poverty has increased from 8.5% to 13.8% in Summit County. This is below the state average but still shows an increase in the number of children who are living below poverty. (5) (Figure 12) Children who qualify for free or reduced lunch

increased from 28.8% in 2008 to 33.6% in 2012. (5) (Figure 13) Studies show that children who live below the poverty level are more likely to suffer from health related issues.

Summit County has a higher percentage of uninsured residents compared to the state: 21% versus 15% respectively. (4) (Figure 14) The County lags the state in getting eligible adults enrolled in Medicaid: 42% of adults are eligible but not enrolled in Summit versus 28% in Colorado. (2) Finally, Summit County has a higher percentage of children who eligible but not enrolled in CHP+ and Medicaid than the state: 29% versus 19% respectively. (6)

Figure 4

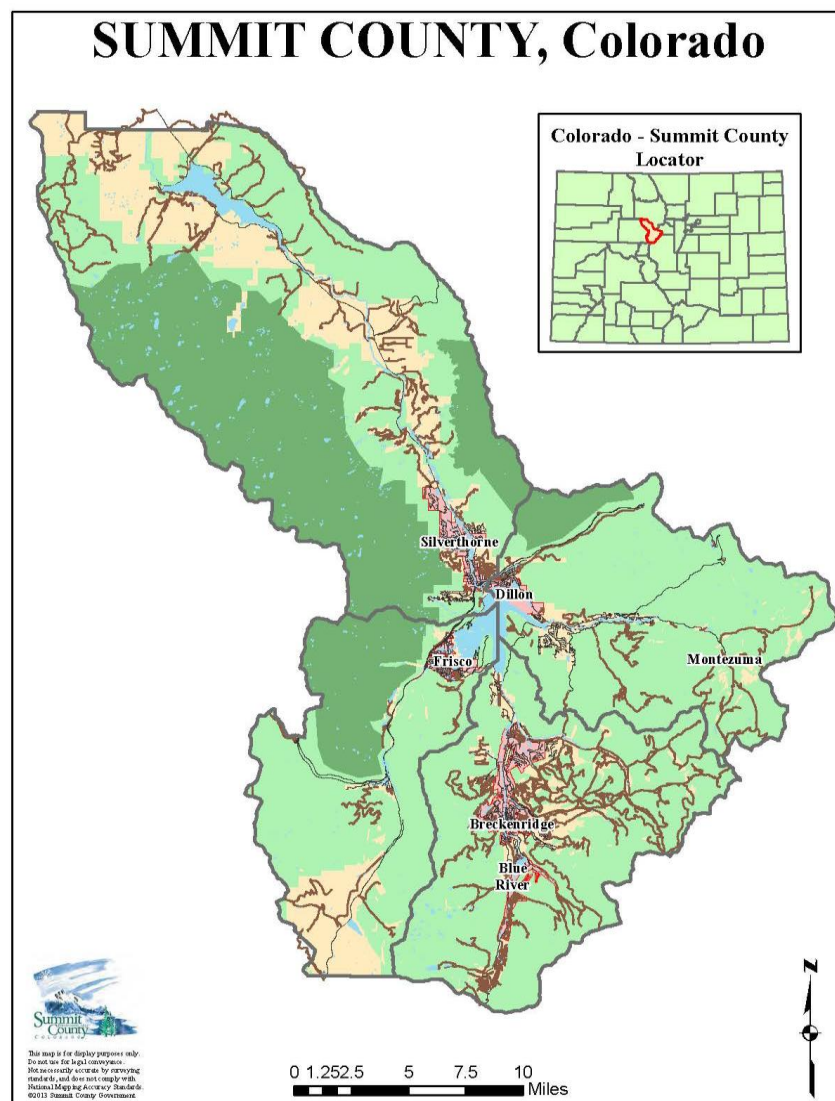


Figure 5

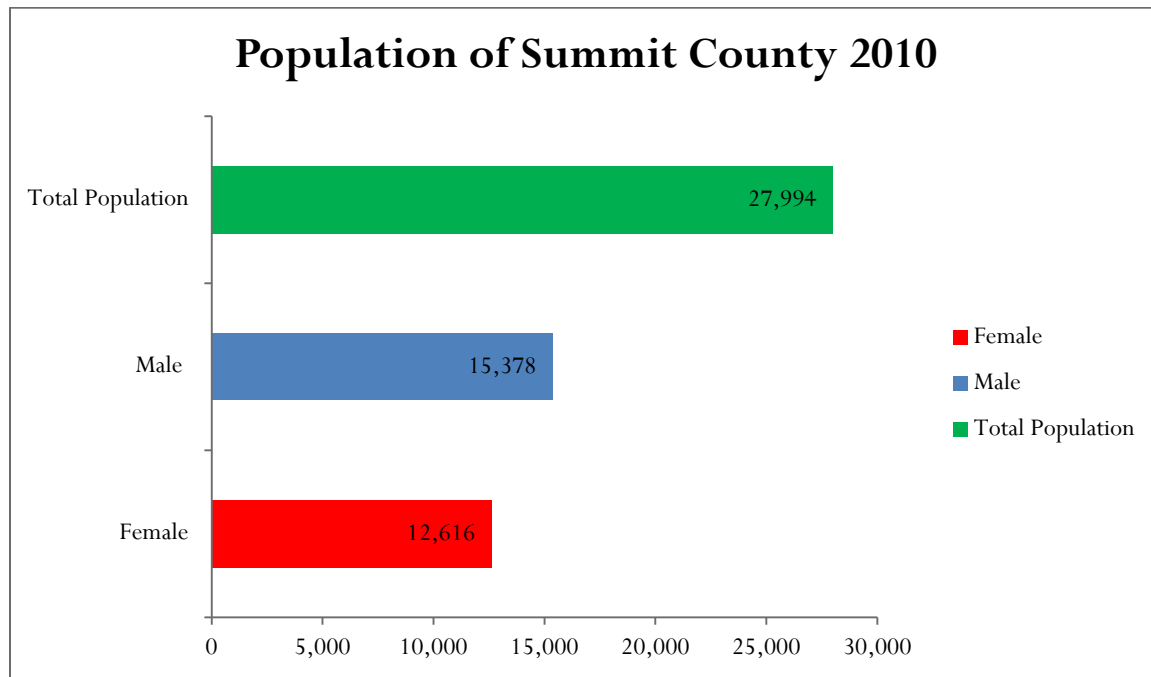


Figure 6

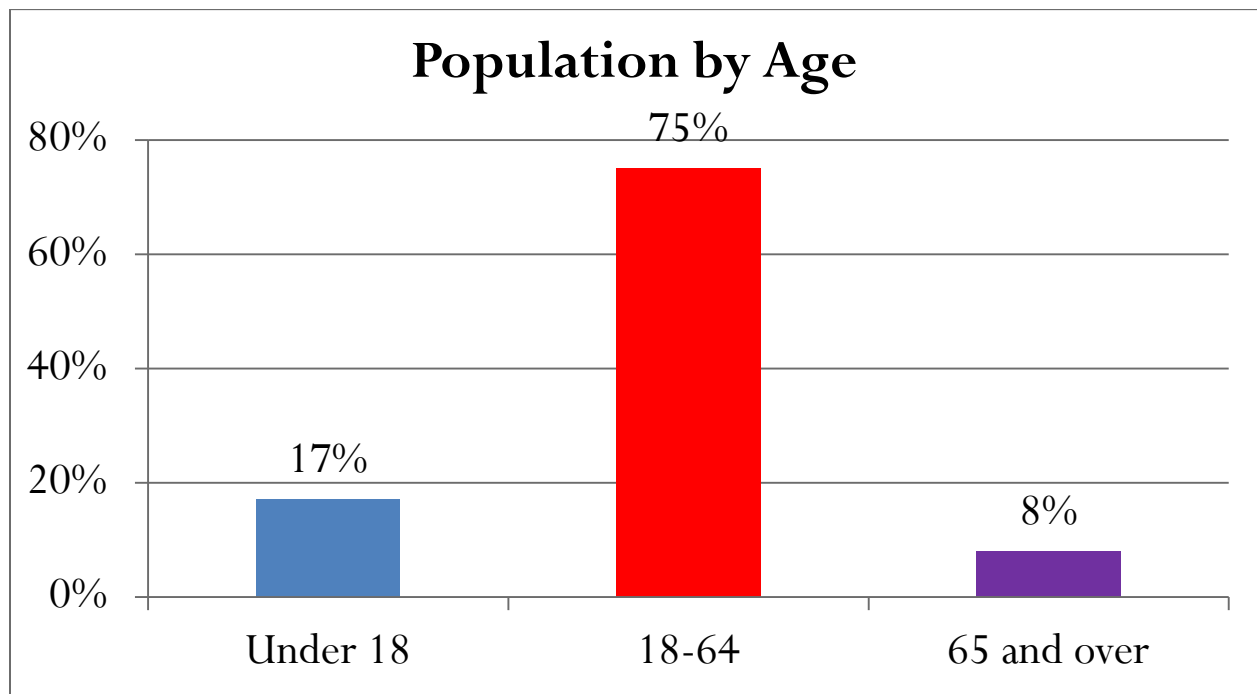


Figure 7

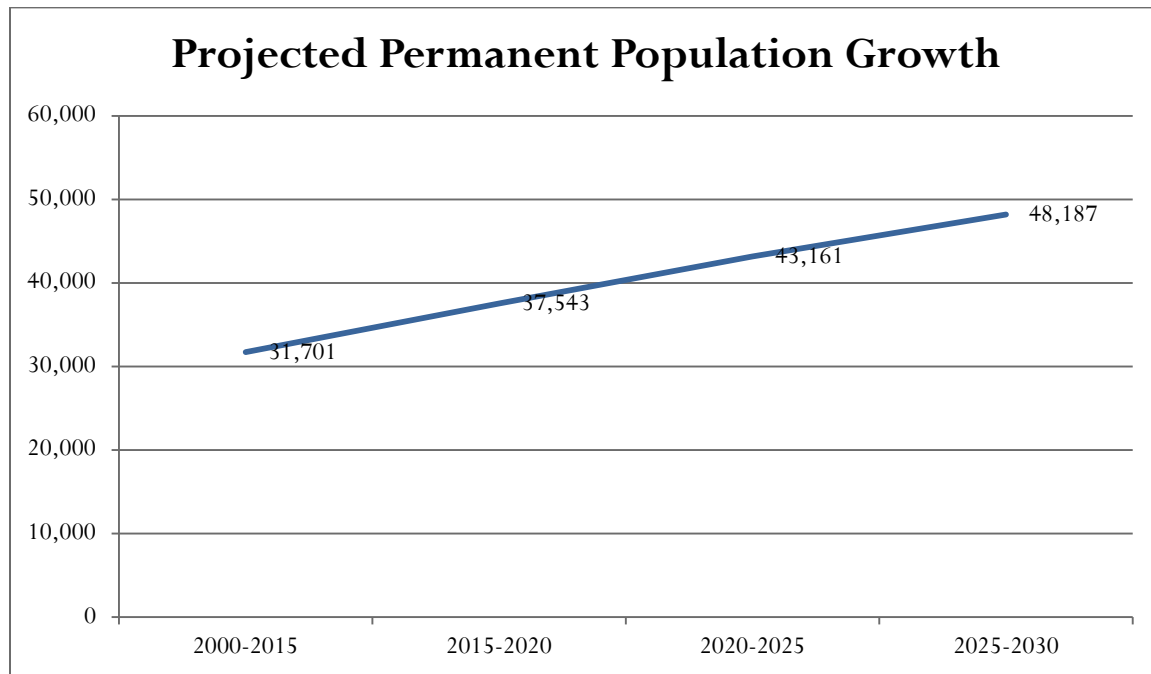


Figure 8

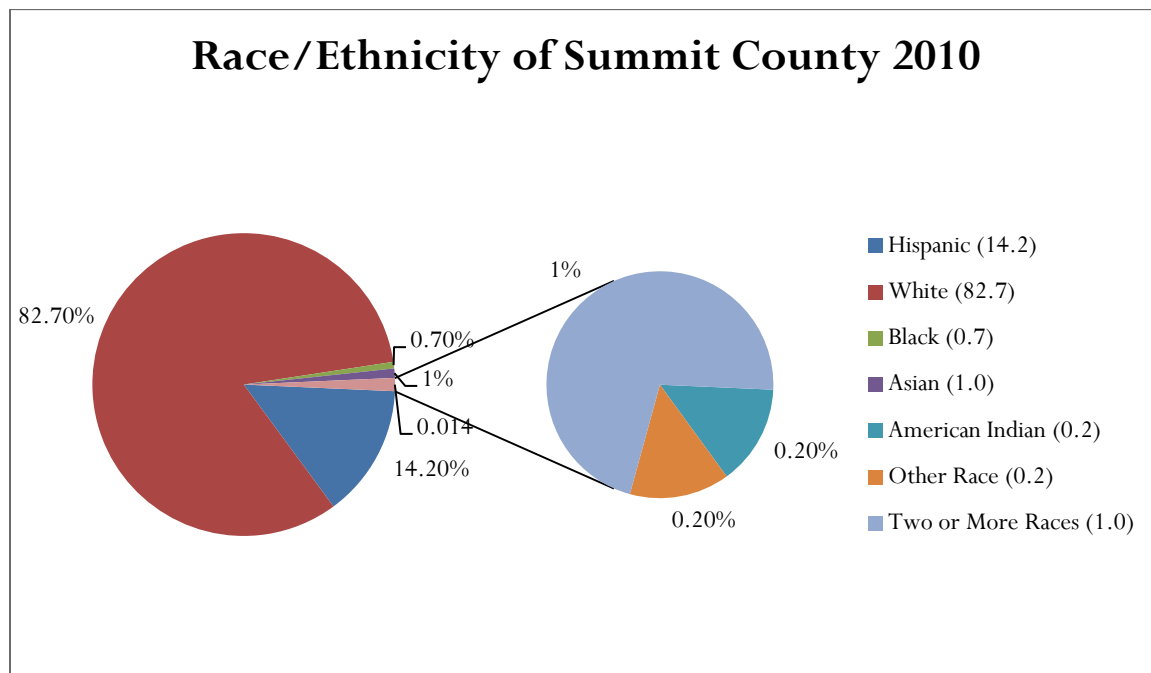


Figure 9

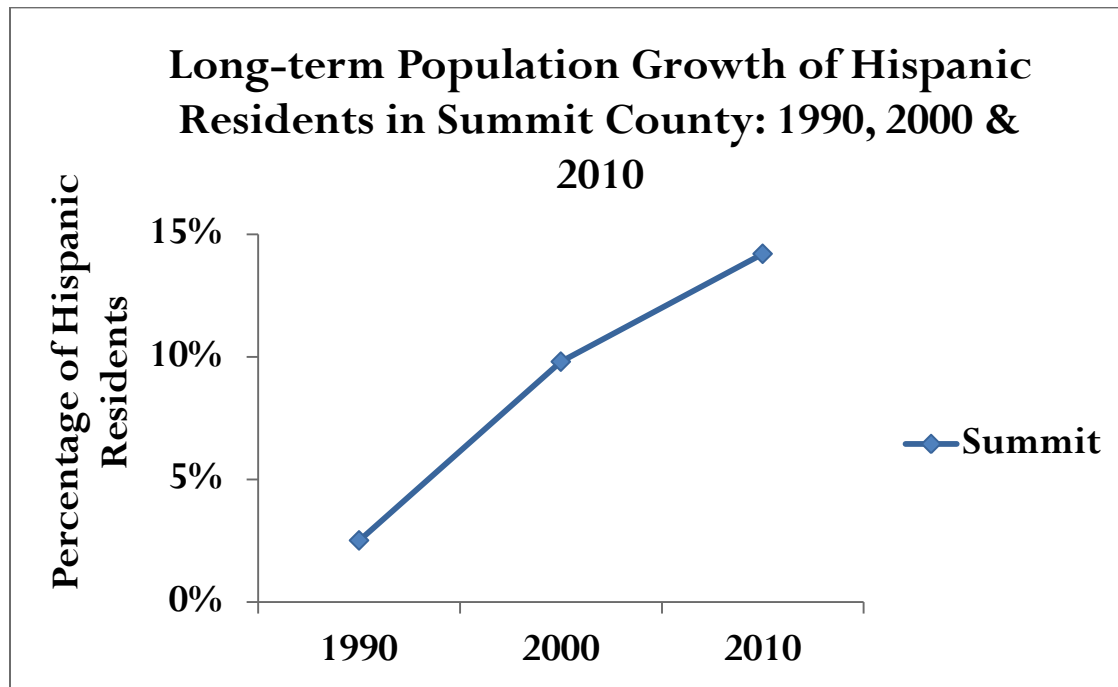


Figure 10

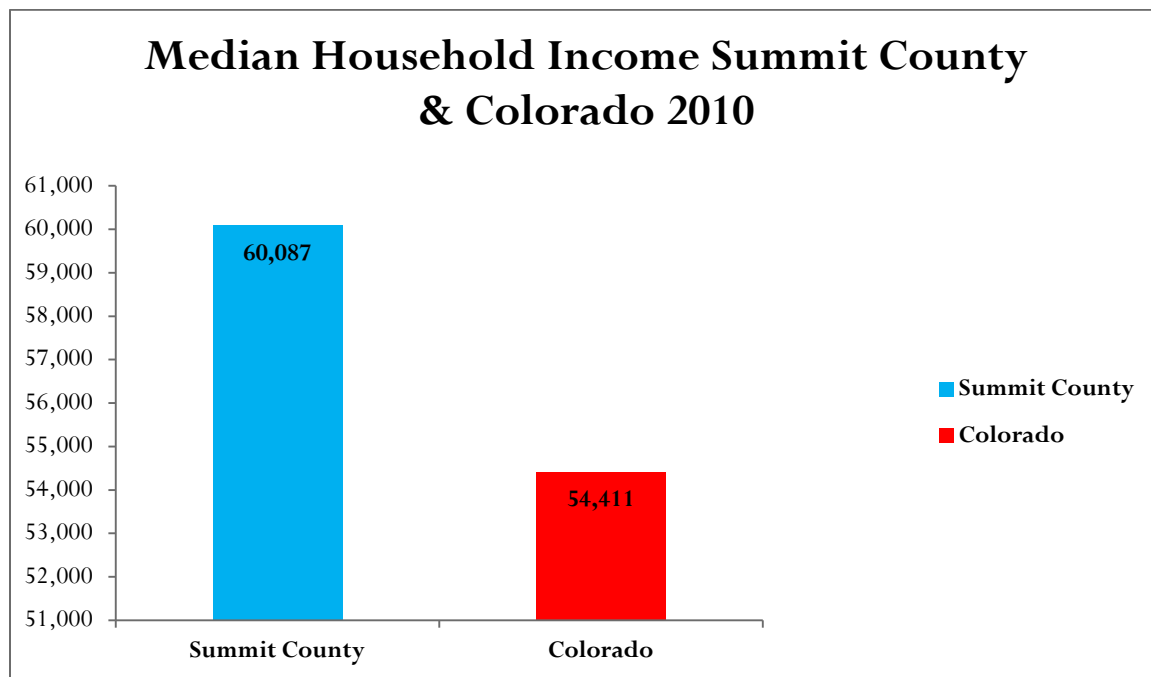


Figure 11

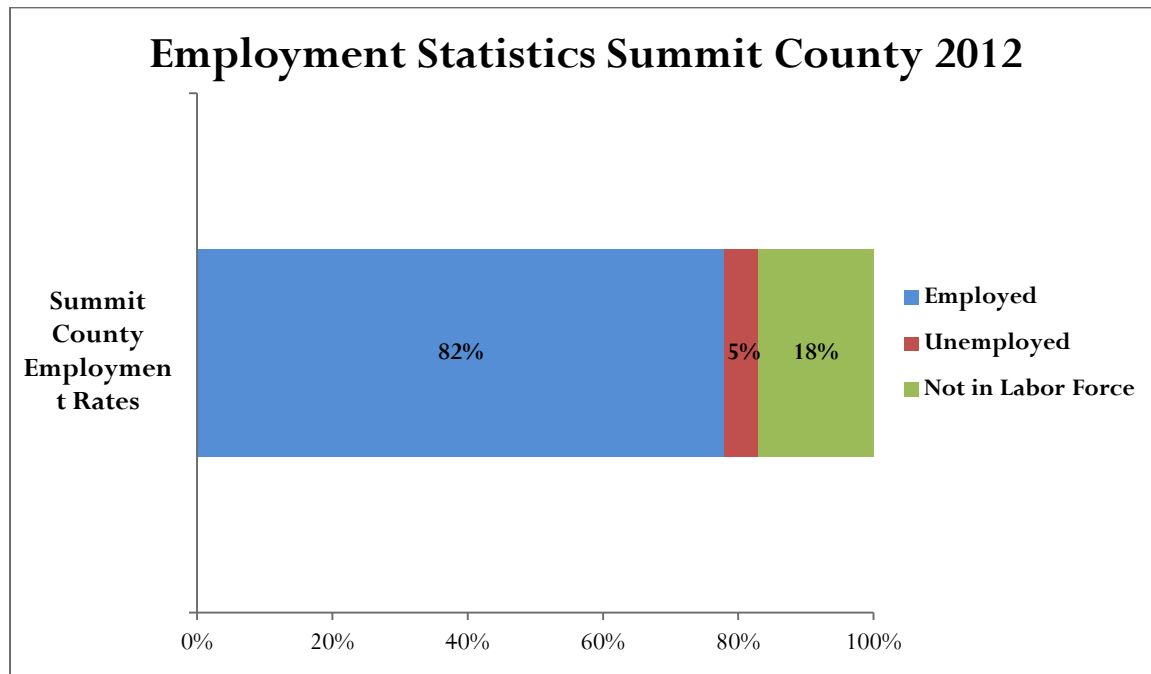


Figure 12

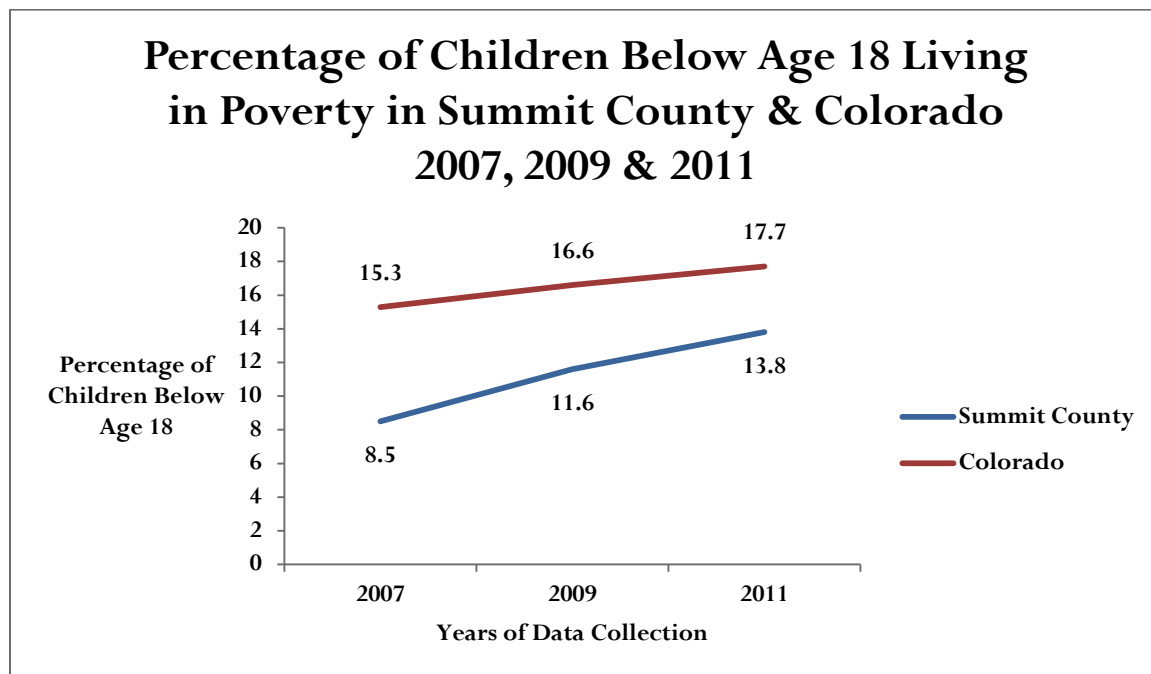


Figure 13

Trends in Students Receiving Free or Reduced Lunch 2001-2012

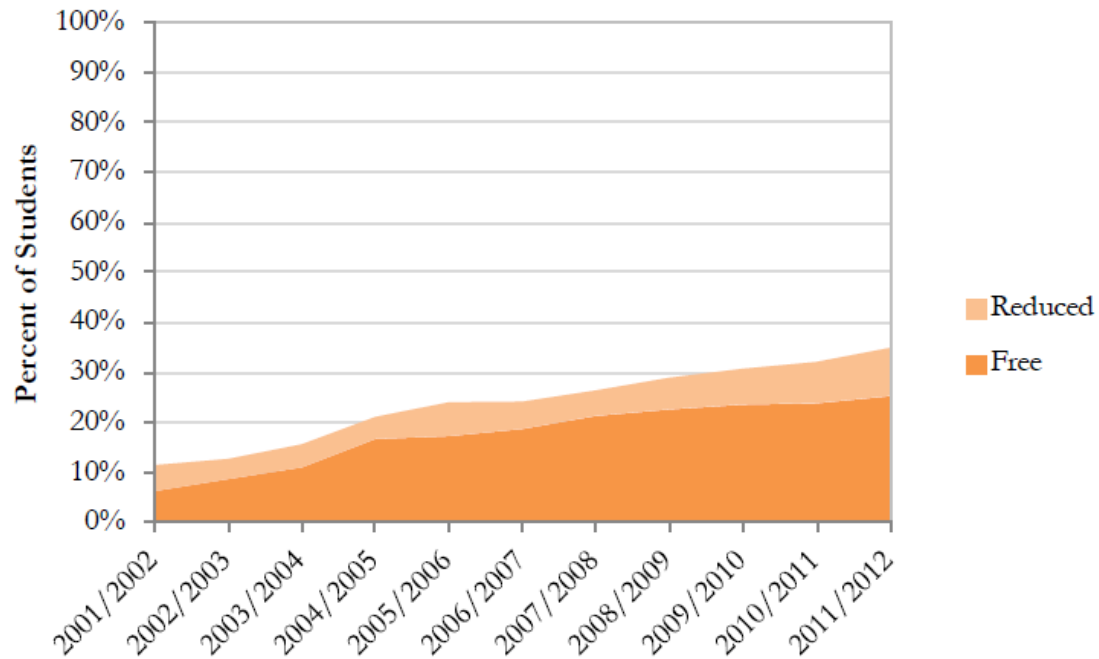
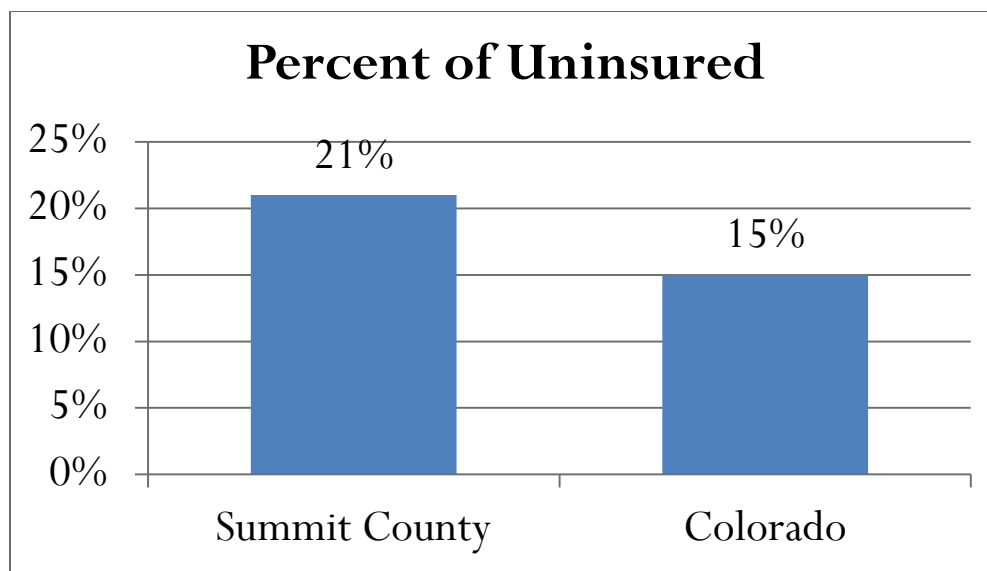


Figure 14





Priority One: Access to Health Care

Access to comprehensive, quality health care services is vital for attaining health equity and for improving the quality of a healthy life for everyone. (7) Access to health care impacts physical, social, and mental health status, prevention of disease and disability, detection and treatment of health conditions, quality of life, preventable death, and life expectancy. (7) Summit County will be focusing on two strategies related to access to health care services in the next five years: Health Navigation and Identifying and Reducing Barriers to Service.

● ● ●

“Sometimes for us it’s confusing to figure out what’s part of our policy, like which physicians are in our network, which ones aren’t, who’s available, who’s not...It takes more than one phone call, you can’t look it up online easily, and the doctor’s office doesn’t ever know.”(2)

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Health Navigation

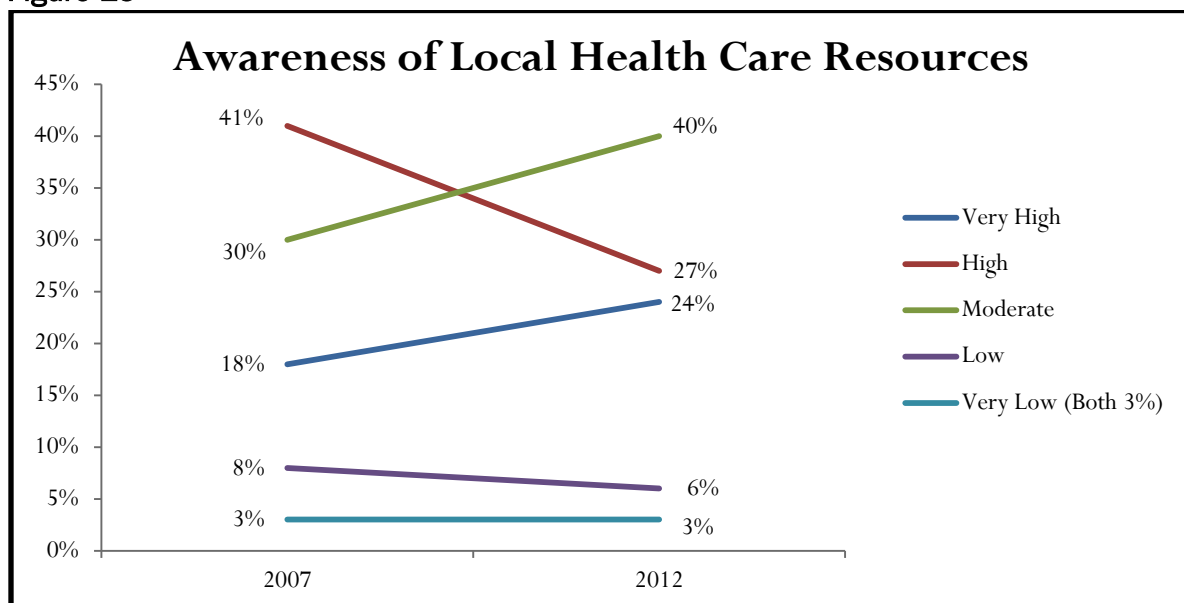
Health navigation has been identified as one possible solution to increase access to care by improving awareness and connecting people to needed health and wellness resources within Summit County. According to data from the 2012 Summit County Health Needs Assessment, awareness of health care services was a concern of many Summit County residents. This is especially true for our Spanish speaking, low-income, and transient populations.(2)

There are many organizations in the community that currently have health navigators on staff, however, without a common language and definition of services, residents do not have the best awareness and access to the health services that are available. This is evidenced by an overall decrease in the awareness of services from the last community health assessment conducted in 2008. (Figure 15) With the passage of the Affordable Care Act all Americans are required to enroll in health insurance or pay a penalty by January 2014. Health navigators can serve as a resource and link for residents to find out what health insurance options are available for them.

Many different health care organizations in Summit County currently have health navigators on staff to help patients and clients access different resources within the community. However, each organization has different job descriptions and duties for the navigators. This creates an inconsistent network of navigation and health information sharing. The Family and Intercultural Resource Center (FIRC) has received a grant to bring together all the health care related organizations in Summit County to begin discussions about the health navigation services that exist. Through these meeting, the workgroup will develop a set of standards for the county that will create a coordinated, county-wide health navigation system. This will

ensure that there is a continuity of care for residents and help to eliminate any duplicative efforts between organizations.

Figure 15



There has been an overall decrease in the awareness of health care resources in Summit County between the 2007 and 2012 Community Health Assessments.

The five-year strategy to be implemented is to develop a coordinated county-wide health navigation system that uses a common language and definition of services that is accessible to all Summit County residents. (Figure 16)

Figure 16

2020 Goal	Residents, seasonal workers, and guests in Summit County will be knowledgeable about the wide array of physical and emotional health services that are available in the community and understand how to access those services
5 year strategy	To develop a coordinated county-wide health navigation system that uses a common language and definition of services that is accessible to all Summit County
Actions Steps	<ul style="list-style-type: none"> • By 2014 implement health guides as part of the Affordable Care Act • By 2014 develop a map for clients and professionals that outlines the health services system in Summit County • By 2015 develop a coordinated system of health services in Summit County • By 2018 develop a community process for training health navigators
Strategy Champion (s)	FIRC in conjunction with Summit County Public Health and Social Services, High Country Health Care, Community Care Clinic, Summit County Senior Center, St Anthony Summit Medical Center, Colorado West



Priority One: Access to Health Care

Identifying and Reducing Barriers to Service

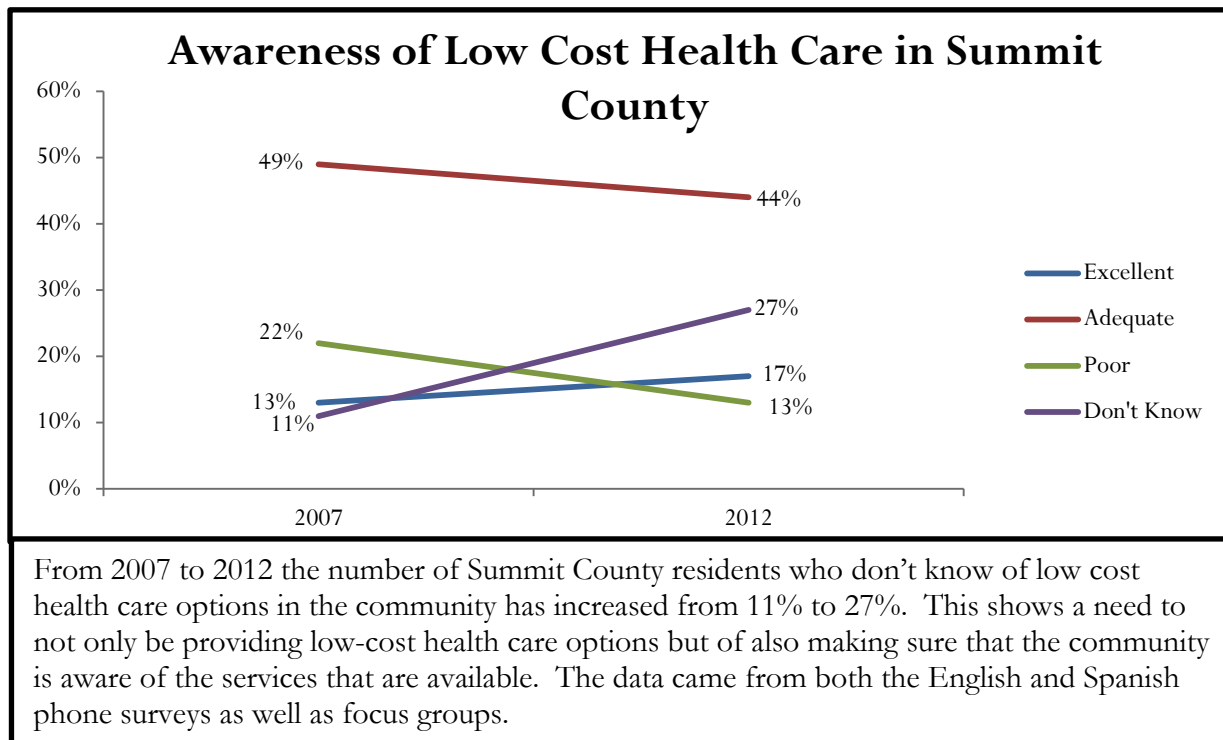
Summit County is home to a very diverse community that includes a large Spanish speaking population, an increasing population of seniors, and children with special needs. With a diverse population come different barriers to accessing health care within the community. One of these barriers includes a lack in access to health insurance or affordable health insurance options, as well as awareness of these options. (Figure 17) According to data from the 2012 Summit County Health Assessment, respondents to the Spanish language survey reported that 65% of the Hispanic population currently lacks any form of insurance. (2) This creates a situation where a significant number of residents are not accessing health care due to financial barriers.

Summit County has a growing older adult population as well as youth population. Both of these populations require special services to meet their health care needs. Of the specialty care options available, services for the geriatric population and pediatricians to serve the child population were rated among the least available health care services in the county according to data from the health assessment. (2) Some of the barriers to accessing health care include a lack of doctors, a lack of respite care for parents and caregivers, a lack of resources for aging and home bound adults, a lack of rehabilitation services, as well as language barriers for the Spanish speaking seniors and families. Respondents to the survey stated that in order to meet their specialty health care needs right now, they have to drive to Denver. (2)

● ● ●
“Specialists that you
need to access aren’t
always
available...Sometimes
you do need to go
elsewhere for
care.”(2)
● ● ●

Local health care providers see that there is a need for increased services for these populations and have worked to try and recruit doctors to come in and serve the community to meet their needs. The real issue is whether there is enough of a customer base to justify the cost of bringing specialists into the community. The growing diversity of Summit County has created a community that needs to have services provided that are culturally as well as linguistically appropriate for all residents of the county. Due to this diversity, some organizations in the community have staff with a high level of expertise in cultural competency. As awareness in the community continues to grow, this expertise can be utilized to begin to identify barriers and work towards removing those barriers.

Figure 17



The five-year strategy to be implemented is to reduce barriers to accessing health care services. (Figure 18)

Figure 18

2020 Goal	There will be a reduction in barriers to accessing health care and an expanded continuum of health care services in Summit County that is sustainable and culturally appropriate
5 year strategy	To reduce the barriers for access to health care for all Summit County residents
Actions Steps	<ul style="list-style-type: none"> • 2013-2017 Continue to look for more opportunities to bring part time medical specialists to Summit County • By 2014 Summit County will have 1.5 bilingual pediatricians. By 2015 increase number of certified medical interpreters by identifying and providing local training • By 2015 have a better understanding of the needs and opportunities for specialty care • By 2015 expand the continuum of care by offering swing bed capability at the hospital • By 2015 there will be shared list of community members available for interpretation services for languages spoken in our community • By 2017 identify and establish a broader range of options for families with functional access needs
Strategy Champion (s)	Summit County Public Health and Social Services, High Country Health Care, Community Care Clinic, Summit County Senior Center, St Anthony Summit Medical Center, FIRC, Colorado West

Priority Two: Behavioral Health and Substance Abuse



Mental health and substance abuse greatly affect individual health status. One in ten Coloradans are in need of mental health or substance use care; of these, less than 1/3 receives care. (8)(9) This may result in suicide, loss of productivity, homelessness, entrance into the justice system, use of child welfare and overuse of health services. In the next five years, Summit County will be focusing on four aspects of mental health and substance abuse: Awareness, Behavioral Health Indicator Database, Treatment Court, and Summit Safe Haven Funding.

• • •

“Communicate that we have resources because I honestly don’t know what they are. That’s at least a start...If you’re only here for a year or if you’re just a ski employee, you might not know.”(2)

• • •

Awareness

Mental health issues that fall into behavioral health, currently have a stigma attached with them among the general public. By working to bring about awareness to the importance of behavioral health as a component of overall health and wellness, Summit County can begin to shift the paradigm and increase awareness and access to those services for all residents of the county.

According to data from the 2012 Summit County Health Assessment, 3 out of 4 residents state that mental health and substance abuse should be a top priority to improve health in the county. (2)(Figure 19) One area identified for improvement is the awareness of behavioral health services that are currently available within the community. (Figure 20)

Fragmentation of available services creates a lack of awareness as well as an inability to provide for the needs of all Summit County residents. Colorado West has hired a marketing director who is working to promote awareness of services in the community. This includes participating in health fairs and other events in the community to promote mental health and substance abuse services. Currently, many services exist in Summit County. These include the following:

- The 24/7 crisis line that is utilized by individuals throughout the county and can link callers to services or provide lower levels of individualized support.
- Many community and private mental health and substance abuse counselors in the community. SummitCares.org hosts a comprehensive listing of these providers.
- Community Connections which is a modified wraparound program for families with school-aged children whose children have an identified behavioral issue.

- Summit Safe Haven is available 24/7 for individuals who are suffering from a behavioral health or substance abuse crisis.
- Mental Health First Aid training has been provided to the staff of many health organizations in Summit County as well as resort employees, business owners, law enforcement and the community at large. Over 400 people in this region have been trained.
- Police departments have some officers who are trained in CIT for behavioral health situations

Figure 19

Please prioritize this list based on your own perspective with “1” meaning the area that should be the highest priority and “10” being the area that should be the lowest priority.

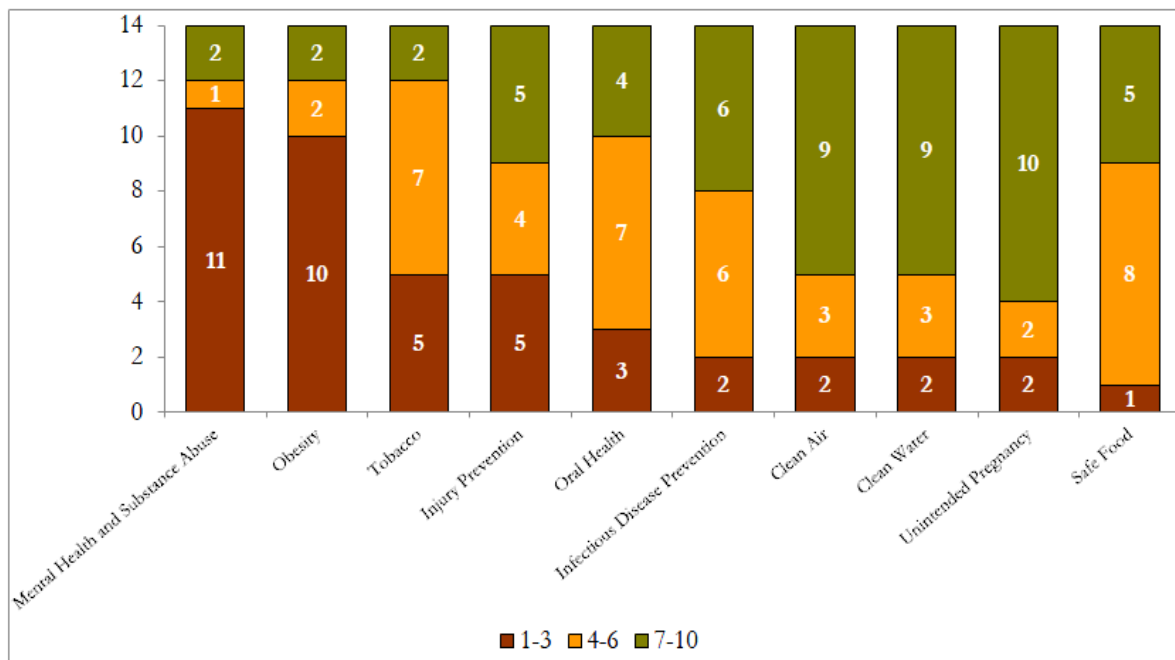
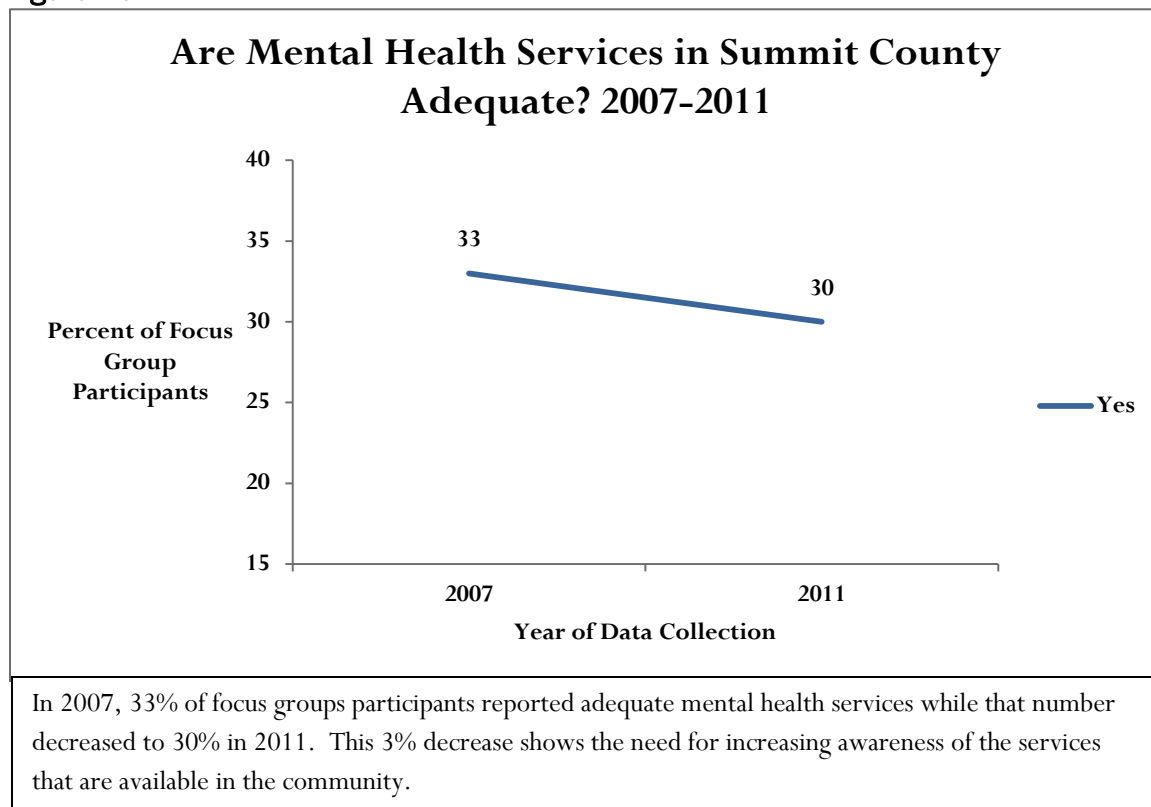


Figure 20



In the next five years, the strategy to be implemented will be to increase the awareness of behavioral health and substance abuse issues in the community and the services available while lowering the stigma that is attached with these health issues. (Figure 21)

Figure 21

2020 Goal	Summit County will have awareness of affordable, coordinated, and accessible behavioral health services for children, adolescents, parents, and individuals
5 year strategy	Create awareness of behavioral health issues and the services that are available in Summit County.
Actions Steps	<ul style="list-style-type: none"> • By 2014 SummitCares website rebranding • By 2014 update provider information • By 2014 reorganization of information on SummitCares • By 2015 - 2017 continued marketing and rebranding of Community mental health center
Strategy Champion (s)	Summit County Care Council

Priority Two: Behavioral Health and Substance Abuse



Behavioral Health Indicator Database

There currently exists no county-wide database of behavioral health indicators to help behavioral health organizations and local policy makers in determining the needs of the community and the direction and scope of work. Funding sources often look for specific data to show the current status and track any changes during a grant cycle. Developing a small county-wide indicator database would provide information for service providers, policy makers, and possible funding opportunities.

This need was actually identified during the Health Assessment Community Forum. The plan is to develop a work group to identify important health indicators for Summit County.

This strategy aims to develop a workgroup that will meet to determine which indicators around behavioral health and substance abuse are important to be tracking in Summit County. The group will then work to gather baseline data and develop a small database that can be updated every few years to track both positive and negative change in behavioral health status in the county. The database will be made accessible to all behavioral health providers in the county as well as policy makers and organizations that do work within the community. Every five years, data collection will coincide with the Community Health Assessment to develop an up-to-date database on the status of behavioral health in Summit County.

● ● ●
“I’d like to see if we
could get more mental
health data.”(21)
● ● ●

The strategy that will be implemented in the next five years is to develop a behavioral health indicator database. (Figure22)

Figure 22

2020 Goal	Summit County will have a coordinated continuum of behavioral health services for children, adolescents, parents, and individuals
5 year strategy	Develop a behavioral health indicator database
Actions Steps	<ul style="list-style-type: none">• By 2014 establish a team to identify which indicators will be tracked• By 2014 determine reporting schedule by individual agencies/providers and recipients of data
Strategy Champion (s)	Colorado West Mental Health

Priority Two: Behavioral Health and Substance Abuse



Treatment Court

According to data from the 2012 Summit County Health Assessment, residents of Summit county state that more needs to be done to help prevent issues related to substance abuse and other behavioral health issues. (2)(Figure 23) Alternatives to traditional treatment can help

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“... we’re a relatively small community. There’s just not the same availability of treatment centers or therapists for people who feel like they’re having issues, or also for when the justice system would like to require people to seek out that type of help.”(2)

● ● ●

prevent offenders from becoming stuck in the cycle of the justice system and reoffending. For example, treatment court can be used and is currently in place in Summit County for drug and alcohol offenders. By providing treatment alternatives to people they have the opportunity to stay out of the correctional system and are given a second chance at becoming successful members of the community. When someone successfully completes the program, it has a positive impact on their life, the lives of their family, and the community as a whole. Summit County can support this program to encourage alternative prevention and treatment of behavioral health issues.

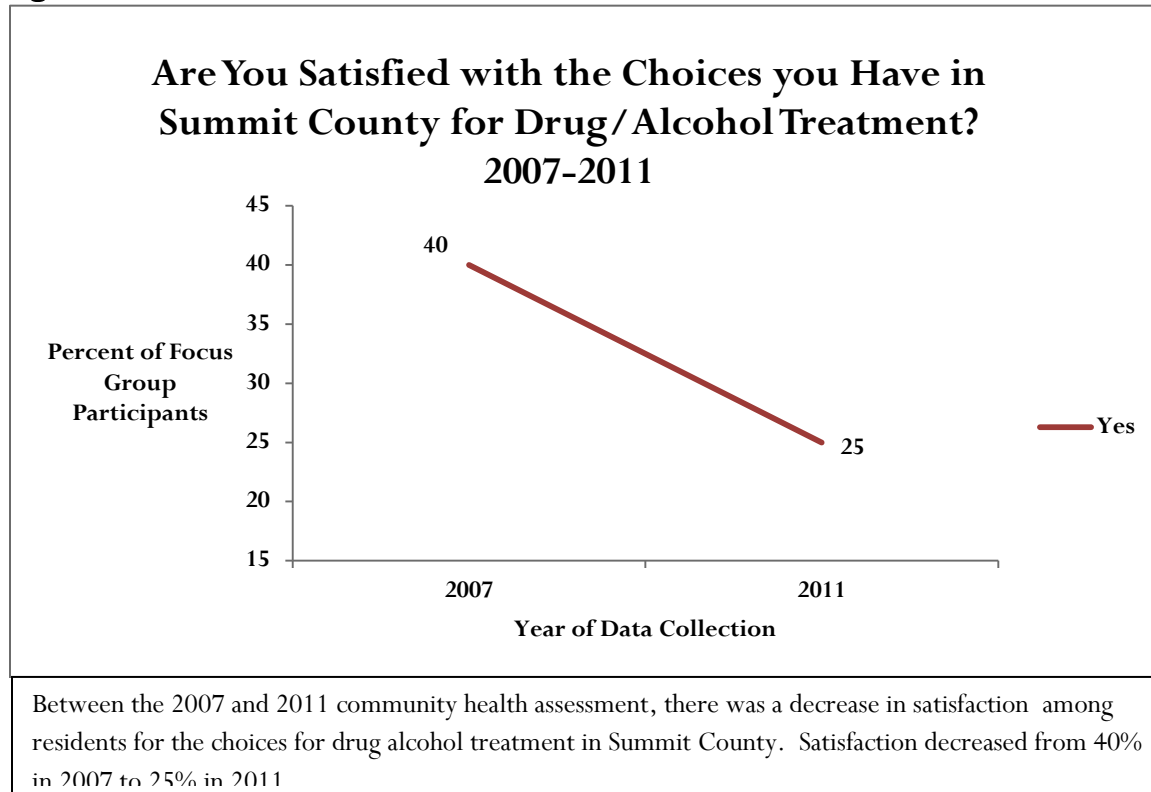
Treatment court is currently being utilized as an alternative to incarceration for high risk offenders of felony crimes. The program currently has 11 people enrolled with a capacity ranging between 12 and 15. Participants work through a four phase process that requires them to remain sober, engage in intensive treatment, secure employment and participate in positive community activities

The strategy will work to increase awareness of the program and its effectiveness of deterring high risk offenders in the community. This awareness will be created through strategies identified by the drug court team. By working closely with the legal system, treatment court can become an alternative option for incarceration.

Another aim of this strategy is to work with organizations in the community as well as with the Board of County Commissioners (BOCC) and local officials to develop a sustainable funding stream for the current treatment court being operated in Summit County. The strategy also looks to increase the scope of the treatment court to engage other behavioral health issues into the program. Possible examples of ways to expand the program include:

- Continuing to use it as a drug court for high risk offenders of drug related crimes
- Developing alternate treatment courts based on the needs of the community
- Attendance for youth who receive Minor-in-Possession fines as an educational tool

Figure 23



The strategy to be implemented is to ensure funding and future development of treatment court in Summit County. (Figure 24)

Figure 24

2020 Goal	Summit County will have an affordable, coordinated, and accessible continuum of behavioral health and substance abuse services for children, adolescents, parents, and individuals
5 year strategy	To ensure funding and future development of treatment court in Summit County
Actions Steps	<ul style="list-style-type: none"> • By 2014 establish an advisory council • By 2014 create a volunteer program • By 2015 Review the need and ability of additional treatment courts
Strategy Champion (s)	Colorado West Mental Health

Priority Two: Behavioral Health and Substance Abuse



Summit Safe Haven Funding

Summit Safe Haven provides a safe location for individuals who are suffering from acute drug or alcohol incidences and a safe environment for individuals who are suffering with behavioral health crises. Without this facility, these residents would be forced to utilize expensive services at the hospital, occupy valuable space at the jail or remain in the community as a threat to themselves or others. Mental health, medical and Law Enforcement professionals in the community agree that a detox facility is necessary to deal with the current state of substance abuse in the county.

According to data from the Summit County Health Assessment, 3 out of 4 residents stated that substance abuse and a lack of treatment is an issue in the county. (2)(Figure 25) Prevention of these issues is the ultimate goal but services need to be in place to make sure that residents who need help can get it. By providing a long-term funding source for Summit Safe Haven, a sound facility for emergency intervention and treatment will remain in the County.

Summit Safe Haven is an 8 bed detox and mental health triage facility located in Summit County. It serves over 300 patients a year from Summit, Grand, Eagle, Lake and Park Counties. It provides short-term acute treatment for serious drug and alcohol issues and other behavioral health crises. Funding currently exists on a year to year basis for the program and long-term funding is never guaranteed.

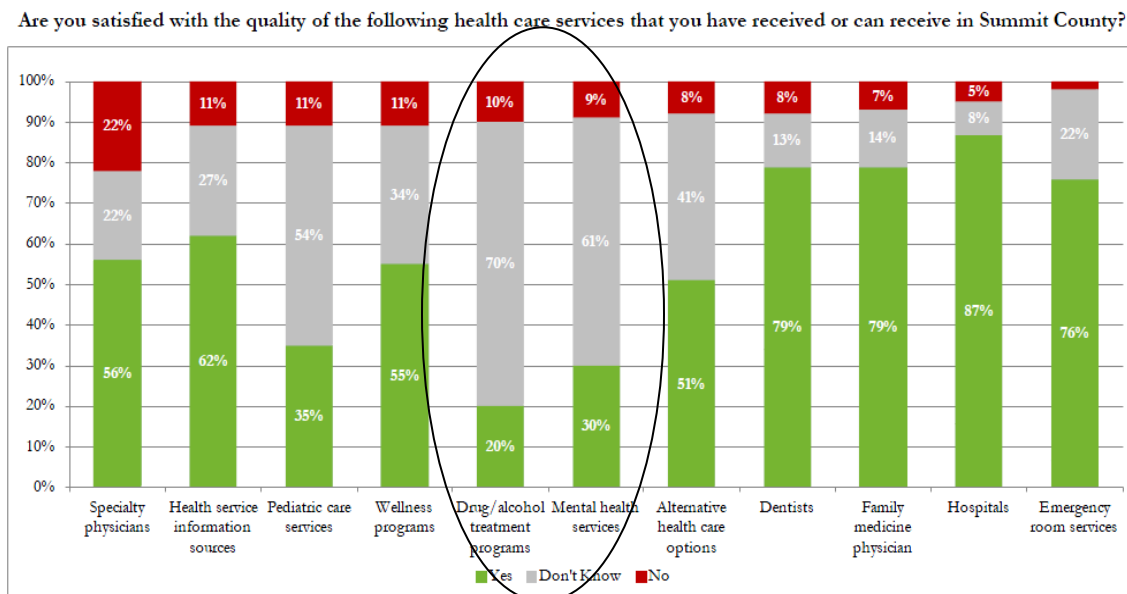
● ● ●

“We’ve had core people who’ve been here and know the community. They have a feel for the pulse of the community.”(2)

● ● ●

The annual operating costs for Safe Haven are approximately \$380,000. Of the budget, \$161,000 comes from the Summit Safe Haven Coalition. Additionally, there are large in-kind donations from Summit County Government, Summit St. Anthony Hospital and Colorado West Regional Mental Health. The State of Colorado funds a small portion of the operating costs at approximately \$71,000 each year. Those funds are not secure and the facility is looking to take an approximate \$10,000 cut to next year’s operating revenue. The Behavioral Health Organization (BHO) that manages Park and Lake Counties pays \$500 per admit for their residents which is estimated at \$28,000 a year (variable) and various grants and gifts total approximately \$30,000.

Figure 25



The current membership group will work to develop a long-term plan to fund the Safe Haven detox facility and accompanying services for the next 5 years. This group may partner with other community organizations, such as the Drug Free Communities Coalition, to develop strategies to meet the prevention needs of the community around issues of substance use and abuse. This group will also engage the BOCC to develop a long-term strategy within the fiscal capabilities of the County's funding streams to provide a 5 year budget. This will provide Summit County with a sustainable Safe Haven facility that can continue to meet the current needs of the residents of the community. (Figure 26)

Figure 26

2020 Goal	County will have an affordable, coordinated, and accessible continuum of behavioral health and substance abuse services for children, adolescents, parents, and individuals
5 year strategy	To ensure long-term funding for Safe Have the detox facility in Summit County
Actions Steps	<ul style="list-style-type: none"> By 2014 Current membership group will develop a 5 year plan to fund the Safe Haven facility By 2017 There will be a long-term funding structure in place for Safe Haven
Strategy Champion (s)	Summit Safe Haven Membership/Coalition

Priority Three: Physical Activity and Nutrition



Overweight and obesity are defined as ranges of weight that are greater than what is generally considered healthy for a given height. Obesity related conditions include hypertension, adverse lipid concentrations, type 2 diabetes, and certain types of cancer- all of which are leading causes of preventable death. (10) It is estimated that the cost of obesity is approximately \$159 billion a year. (11) Evidence shows that communities can reverse and prevent the obesity epidemic by supporting healthy eating and active living in many settings. Summit County will do this in the next five years by formalizing the Physical Activity and Nutrition Team of the Summit (PANTS) and Identifying and Implementing Evidenced-Based Strategies to increase Physical Activity and Healthy Eating.

Formalizing PANTS

● ● ●
“...I’m tired of hearing people say that we live in Summit County and no one here is obese.”(2)
● ● ●

Though Summit County is reasonably healthy compared to other counties in the state, obesity was only second to mental health and substance abuse as priorities among key informants in the 2012 needs assessment. (2) Additionally, one in five survey respondents felt that Summit County is not doing enough to prevent obesity issues, and one-third of respondents said that obesity should be a top 3 priority for the county in the coming years; obesity was the top priority among Spanish –language respondents. (2)

The PANTS coalition holds bi-monthly meetings which have historically served as an opportunity for networking and sharing accomplishments. The PANTS coalition remains unfamiliar to most Summit County residents even though its members influence health and wellness in the schools and worksites. They have also had an instrumental role in promoting breastfeeding, supporting active community environments, establishing community gardens and developing local food policy.

By becoming a formalized coalition, PANTS will drive positive change in the areas of physical activity and healthy eating and pursue funding to support its goals. The first step in driving positive change is to improve awareness of the organization and to invite community members to use PANTS as a resource in their quest to adopt a healthier lifestyle.

PANTS will provide a resource and link for residents to find information and resources regarding physical activity and nutrition in the community and beyond. (Figure 27)

Figure 27

2020 Goal	There will be expanded options for physical activity and improved access to and awareness of nutritional food
5 year strategy	Formalize and develop brand identity for and awareness of the Physical Activity and Nutrition Team of Summit (PANTS), making it a resource for community residents as well as the driving force in facilitating growth in physical activity and healthy eating
Actions Steps	<ul style="list-style-type: none"> • By 2014 formalize mission, vision, bylaws, membership of PANTS • By 2014 develop PANTS marketing collateral and outreach plan to promote PANTS as a community resource • By 2014 promote PANTS Facebook page • By 2014 Establish criteria for PANTS endorsed material and information • By 2014 Promote PANTS endorsed smart phone applications on Facebook page • By 2015 Implement outreach plan • By 2015 Identify and participate in community events • By 2017 Compile report of activities accomplished for work plan
Strategy Champion (s)	Physical Activity and Nutrition Team of Summit (PANTS)

Priority Three: Physical Activity and Nutrition



Identify and Implement Evidenced- Based Strategies

Overweight and obesity result from eating too many calories and not getting enough physical activity. Behavior and environment are major factors that contribute to people being overweight or obese. (10) These are the greatest areas for prevention and treatment actions. There are a variety of factors that contribute to the inability for children and adults to make healthy food choices and get enough physical activity. These factors include advertising of less healthy foods, lack of daily physical activity in schools, limited access to affordable healthy foods, greater availability and affordability of high-energy-dense foods and sugary drinks, increased portion sizes, lack of breastfeeding support, and television and media. (10)

According to the 2012 Kids Count, Summit County showed an increase in childhood obesity from 2011 from 17% to 20%. (12) (Figure 28) Additionally, 25% of children zero to 5 years old enrolled in the Summit County Woman, Infant and Children (WIC) program are overweight or obese. Nutrition and exercise are strong drivers of overall health and promoting them could have a major impact in helping residents lead more healthy lifestyles. A lack of exercise was the second most common unhealthy behavior reported in the English language surveys, followed closely by unhealthy eating; and they were both disproportionally high among the Spanish-language respondents. (2)

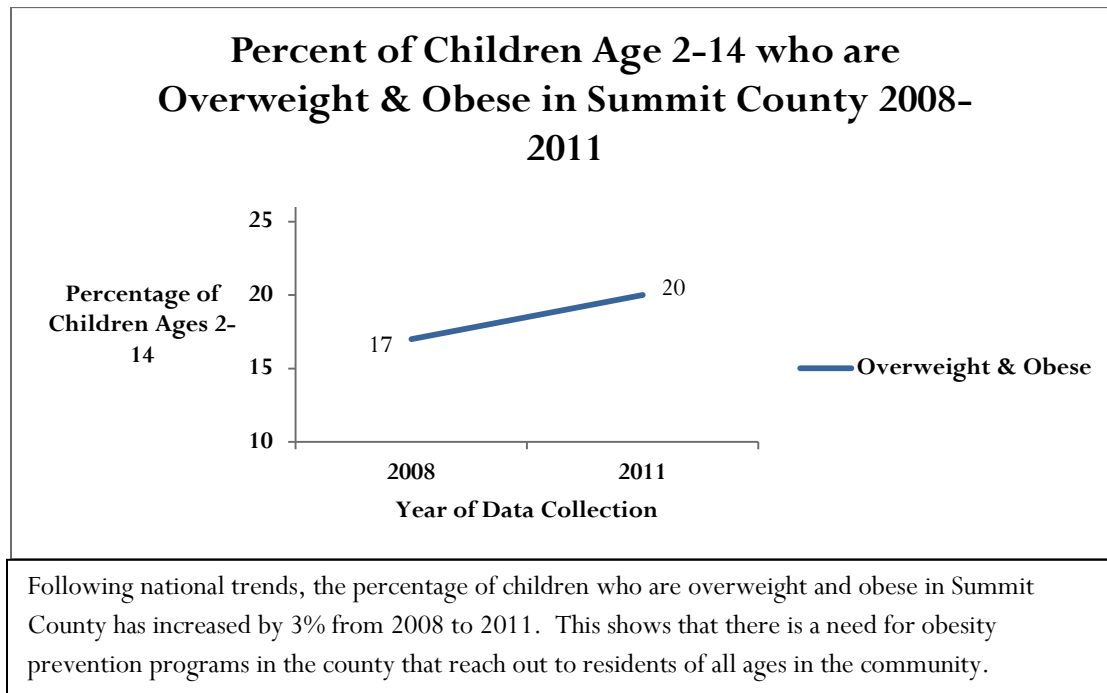
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“Obesity means improving exercise and nutrition to me. Improving these two things will help with many chronic illnesses and may be the most important public health issue.”(2)

● ● ●

Historically, PANTS members have utilized grant funds to promote projects such as establishing community gardens, building breast-feeding rooms, sponsoring a walkability study and promoting wellness in the schools. By virtue of the passion of its members for promoting healthy lifestyles in the community, PANTS has been able to continue moving many projects forward in spite of gaps in its source of funding and a lack of ties to a fiscal agent.

Figure 28



In order to continue to pursue the goal of expanding the options for physical activity and access to and awareness of healthy food choices in Summit County, PANTS must pursue and obtain funding for evidence-based projects. (Figure 29)

Figure 29

2020 Goal	There will be expanded options for physical activity and improved access to and awareness of nutritional food
5 year strategy	PANTS will pursue funding and identify evidence-based programs for projects/programs that support physical activity and healthy eating
Actions Steps	<ul style="list-style-type: none"> • By 2015 identify evidence-based programs/projects • By 2015 identify funding opportunities for programs/projects identified • By 2015 identify agency(ies)/individual (s) to implement programs/projects • By 2015-2017 pursue funding for programs/projects • By 2015-2017 implement programs/projects
Strategy Champion (s)	Physical Activity and Nutrition Team of Summit (PANTS)



Priority Four: Injury Prevention

Injuries have historically been the leading cause of death and disability, affecting everyone regardless of age, race, or economic status. Summit County will be focusing on two areas related to injury prevention in the next five years: Traumatic Brain Injury prevention and prevention of motor vehicle related injuries.

Prevention of Traumatic Brain Injuries

Summit County is “Colorado’s Playground” and as such, is home to a vast array of sports and recreational activities that are enjoyed by residents and visitors alike. Summit County is home to four ski areas with more than 3.5 million skier visits annually. Additionally, it is a travel destination for visitors accessing and participating in numerous summer recreational sports. Despite increased use of helmets and ongoing education about their use, Traumatic Brain Injury

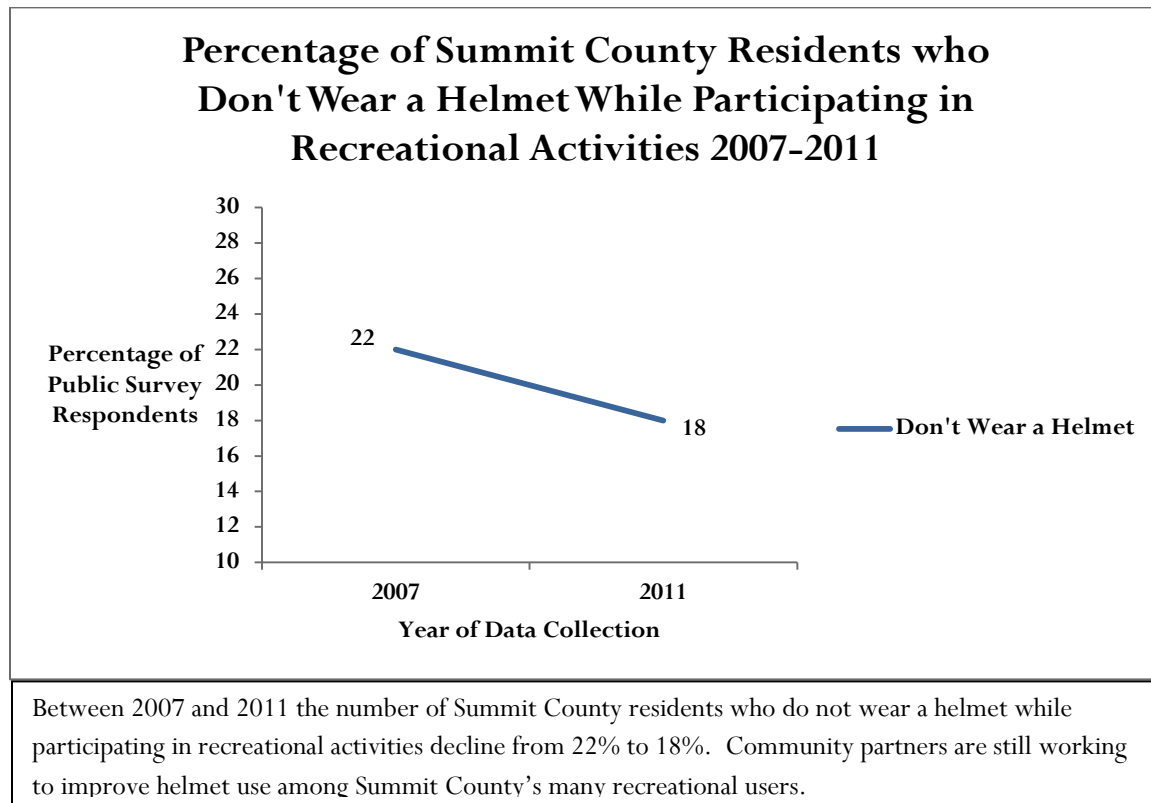
● ● ●
“Summit County has
17 times more
Traumatic Brain
Injuries per capita
than the national
average.”(18)
● ● ●

(TBI) is still the number one trauma diagnosis in our community. (2) (Figure 30) Each year, TBIs contribute to a substantial number of deaths and cases of permanent disability. Nationally, at least 3 TBIs occur every minute. (13) A TBI is an injury to the brain caused by an impact, internal damage, or loss of oxygen. Head injuries may cause enduring physical, emotional, mental and social changes for the survivor. Long-term effects place an enormous emotional and financial burden on the individual's family. The costs of TBI are staggering. Treating someone with TBI can cost, on average, anywhere from \$85,000 to \$3 million, not including what is lost by the victim's inability to work. Total costs to society are

currently thought to be about \$60 billion a year. (13) (14) (15) Therefore, TBIs have a great impact on the population and require a response from the public health community to prevent these injuries and reduce consequent disabilities.

Current local efforts to reduce the occurrence of TBI include: Think First education in schools and events, ski area policies for helmet use and distribution of free and reduced cost helmets. Many events have been provided by the local Safe Kids Campaign. These efforts have broad based support from St Anthony’s Medical Center, local medical providers, the Summit County Department of Public Health, school officials, private businesses, and community members.

Figure 30



The strategy being implemented is to identify and promote additional evidence-based approaches to prevent TBIs. (Figure 31)

Figure 31

2020 Goal	There will be expanded traumatic brain injury services, education, resources and support for Summit County residents and visitors
5 year strategy	Identify and promote best practice in the community regarding traumatic brain injury
Actions Steps	<ul style="list-style-type: none"> • By 2014 identify additional evidence-based approaches for TBI prevention • By 2014 identify partners in the community to collaborate in new approaches • By 2015 seek funding for additional TBI prevention approaches • By 2015 - 2017 implement identified TBI prevention approaches
Strategy Champion (s)	St Anthony Summit Medical Center



Priority Four: Injury Prevention

Prevention of Motor Vehicle Related Injuries

Motor vehicle crashes are the leading killer of children, teens and young adults (ages 5-34) in Colorado. \$623 million was the total crash-related death costs in Colorado in one year, which included \$618 million in work loss costs and \$5 million in medical costs. (16)

Reduction of motor vehicle injuries remains a formidable public health challenge. Despite sharp declines in motor vehicle-related death rates since 1925, four of the most important preventive measures to further reduce motor vehicle occupant injuries and deaths are the use of child safety seats, the use of safety belts, decreasing distracted driving, and the deterrence of alcohol-impaired driving. (17) Summit County mountain communities are tied together economically in that many workers travel distances of 25 miles or greater to commute to their places of employment in hazardous driving conditions year round. Reducing these four risk behaviors could dramatically reduce injuries to motor vehicle operators and occupants in the county.

Rural counties' motor vehicle injuries and hospitalization rates are significantly higher than rates for urban and suburban counties. More than half of those who died on rural roads were unrestrained compared to 36% in urban areas. Seat belts could prevent at least 60% of serious injuries to older children, teenagers, and adults in motor vehicle collisions. Similarly, properly used child restraints could prevent virtually all serious injuries to infants and younger children.

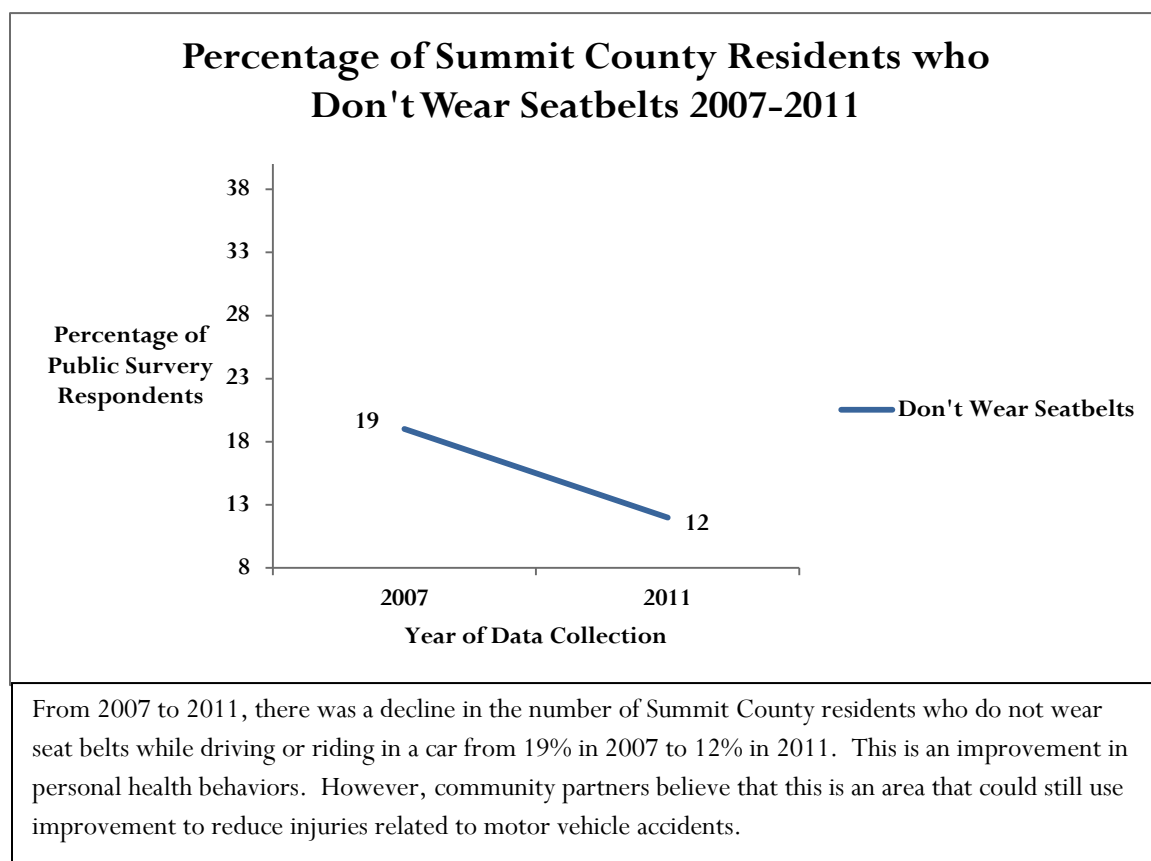
Community-wide information and enhanced enforcement campaigns that provide information about occupant protection is effective in improving safe driving habits as well as seatbelt use. (Figure 32)

Central Mountains SAFE KIDS, Think First Summit Medical Center, and Mountain Clinics chapters currently work with community partners including the Central Mountains RETAC, medical professionals, law enforcement, fire district employees, ambulance service, public schools, private businesses and public health to implement evidence-based initiatives to improve occupant protection.

Summit County
Ambulance Service
responded to 329
motor vehicle
accidents in 2012.
(22)

The RETAC Teen Seatbelt Challenge is an on-going effort to support the initiatives identified by our federal and state partners. Examples of this effort include: local school presentations, Safe Summer Kick-off programs, training and maintaining of car seat technicians, birthing classes that include car seat education, and supporting car seat fit stations. Distracted driving education has recently been added to the education efforts in schools. Federal and State highway funds as well as local foundation dollars assist in supporting the efforts of the two injury prevention chapters.

Figure 32



The strategy for the next five years is to build on current efforts to further increase driving best practices. (Figure 33)

Figure 33

2020 Goal	Residents, seasonal workers and visitors in Summit County will be knowledgeable about risks involved in neglecting occupant protection laws and best practice.
5 year strategy	Promote seatbelt use, driver safety, and safe driving practice through evidence-based approaches
Actions Steps	<ul style="list-style-type: none"> • By 2014 identify evidence –based approaches for enhancing existing efforts in promotingand providing resources for safe driving practices • By 2015seek funding to implement evidence-based approaches • By 2015 - 2017 implement identified approaches
Strategy Champion (s)	St Anthony Summit Medical Center- Injury Prevention Committee

Figure 34

Access to Health Care

- To develop a coordinated county-wide health navigation system that uses a common language and definition of services that is accessible to all Summit County.
- To identify & reduce the barriers for access to health care for all Summit County residents.



Behavioral Health & Substance Abuse

- To ensure long-term funding for Safe Haven the detox facility in Summit County.
- To ensure funding and future development of treatment court in Summit County.
- To develop a behavioral health indicator database.
- To create awareness of behavioral health issues and the services that are available in Summit County.



Physical Activity & Prevention

- Formalize and develop brand identity for and awareness of the Physical Activity and Nutrition Team of Summit (PANTS), making it a resource for community residents as well as the driving force in facilitating growth in physical activity and healthy eating
- PANTS will pursue funding and identify evidence-based programs for projects/programs that support physical activity and healthy eating.



Injury Prevention

- To identify and promote best practices in the community regarding traumatic brain injury.
- To promote seatbelt use, driver safety, and safe driving practice (especially alcohol-impaired and distracted driving) through evidence-based strategies such as the distribution of low-cost or no-cost child safety seats, public education, presentations, training, and enforcement.





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SUMMIT COUNTY BOARD OF HEALTH

SUMMIT COUNTY HEALTH PLAN

APPENDIX A

Numerous counties and towns in Colorado and around the U.S. continue to address the problems associated with the storage, accumulation, collection and disposal of garbage, trash, debris and other discarded materials. The improper control of these materials is a matter of substantial public concern and may create a variety of environmental and public health impacts that can adversely affect the public health, safety and welfare.

One aspect of this problem involves the curbside placement of garbage for pickup by a trash collector. The improper placement of trash for pickup can result in the dispersal of trash and other discarded materials into the environment due to the extreme weather we face in Summit County and the presence of wildlife and other animals that might be attracted to such materials. The resulting dissemination of trash and other debris with all of its attendant adverse public health and environmental impacts requires that Summit County ensure the orderly collection and disposal of such garbage, trash and debris.

“Public health” by definition means the prevention of injury, disease, and premature mortality; the promotion of health in the community; and the response to public and environmental health. C.R.S. 25-1-502(5). Every county in Colorado is to have a board of health harnessed with the powers and duties to “administer and enforce the laws pertaining to public health, air pollution and most importantly in the case, solid and hazardous waste. C.R.S. 25-1-506(3)(b)(IV). Colorado public health laws, including Part 5, Article 1, Title 25, C.R.S., also authorize the Summit County Board of Health to promulgate rules in the unincorporated area of Summit County to protect the public health, safety and welfare.

The Center for Disease Control and Prevention has stated that controlling waste is an important part of public health and safety. Waste that is improperly managed can create conditions that may have severe adverse effects on public health and the environment. Key elements in controlling infectious wastes include proper storage, collection, transportation and disposal of waste. To address the issues of improper solid waste storage, collection and disposal, Summit County’s health plan should include the following rules regarding the disposal of trash:

GARBAGE RECEPTACLES; PLACEMENT OF RECEPTACLES AT CURBSIDE:

I. Definitions:

The term “curbside” as used herein shall refer to the area immediately adjacent to the portion of a roadway or street that is improved, designed, or ordinarily used for vehicular travel, exclusive

of any sidewalk or recreational pathway and regardless of whether a curb or gutter has been constructed.

The term “garbage” as used herein shall refer to garbage, trash, debris, solid waste and other discarded materials.

The term “receptacle” as used herein shall refer to a watertight metal or nonabsorbent container equipped with a tightly fitting galvanized metal or nonabsorbent cover or lid, and shall exclude paper and plastic bags.

II. Garbage may be placed at the curbside for pick up by a trash collector only in accordance with the following rules:

- A.
 - 1. Garbage may be placed at the curbside for pick up only when fully contained within a receptacle. No garbage may be placed at the curbside in a paper or plastic bag, or other container that is not a receptacle.
 - 2. Any receptacle placed for curbside garbage pick-up shall be kept closed and secured with no gap between the container and the lid until it has been emptied by the trash contractor and moved back to its normal location.
 - 3. Receptacles may be placed at the curbside only after six o'clock (6:00) A.M. on the day of pick up. After pick up, each receptacle must be moved back to its normal location by ten o'clock (10:00) P.M. of the same day.
 - B. The provisions of this section shall not apply to: (1) a receptacle maintained by a business that is: (a) primarily intended as a convenience for use by the customers of the business (and not the business itself); and (b) designed in such a manner as to discourage wildlife from getting into the receptacle or the dispersal of such debris by weather events; or (2) garbage that consists of recyclable material (defined as only discarded glass, cardboard, aluminum, tin, newspaper and office paper products that are separated from other refuse for the purpose of recycling), that is placed at the curbside for pick up by a trash collector.
 - C. The owner of real property and any other person who causes the accumulation of garbage at the owner's property are both individually responsible for any garbage placed, stored, or kept at such property in violation of this section.
- III. Violations of these rules shall be unlawful and enforced in accordance with Sections 25-1-516 and 518, C.R.S., as well as all other applicable provisions of Colorado law.

